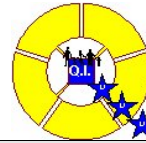


DIVISION OF DEVELOPMENTAL DISABILITIES  
**PROCESS IMPROVEMENT REQUEST (PIR)**



PIR NUMBER  
FOR OLYMPIA OFFICE USE  
ONLY

**SECTION A. INITIATOR: PLEASE REVIEW AND FOLLOW GUIDELINES.**

NAME	DATE
TITLE	LOCATION

DESCRIBE THE CONCERN OR OPPORTUNITY AND PLEASE BE SPECIFIC. ATTACH ADDITIONAL SHEETS IF NECESSARY.

SUGGESTIONS FOR IMPROVEMENT

PLEASE ANSWER THE FOLLOWING QUESTIONS.

- How often does this problem occur? \_\_\_\_\_
- How many people does it affect? \_\_\_\_\_
- Do you have other data to support your concern? ☐ Yes ☐ No
- Will you be willing to participate on a team? ☐ Yes ☐ No
- Who else should be considered for participation?
- Have you had Quality Improvement Basic Awareness training? ☐ Yes ☐ No

After completing this form, make two copies. Send the original to your immediate supervisor, keep one copy for your records, and send one copy to: Quality Improvement Program Manager, Mail Stop 45310 or FAX to 360-902-8482 or email to mcdowca@dshs.wa.gov.

Date PIR sent: \_\_\_\_\_

**PIR REQUEST****SECTION B. SUPERVISORS**

Notify the initiator of final decision and fill in date notified. Review and follow the team implementation guidelines, fill in the requested information, and send the form with any attached documents to your immediate supervisor. Keep the form moving up the chain of command to the Regional Administrator or Office Chief. Attach additional sheets if necessary.

NAME AND TITLE	DATE REVIEWED	DOES THIS REQUIRE A PROCESS IMPROVEMENT TEAM?	DO YOU SUPPORT THE EXPLORATION OF THIS REQUEST?	DO YOU HAVE THE AUTHORITY TO ASSIGN THE NECESSARY RESOURCES TO WORK ON THIS REQUEST?	DATE PROJECT APPROVED	IS A FACILITATOR AVAILABLE? IF NO, WHEN?	DATE TEAM CHARTERED/ ESTABLISHED
IMMEDIATE SUPERVISOR		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS							
IMMEDIATE SUPERVISOR		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS							
IMMEDIATE SUPERVISOR		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS							
IMMEDIATE SUPERVISOR		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS							
IMMEDIATE SUPERVISOR		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS							
REGIONAL ADMINISTRATOR/OFFICE CHIEF						DATE COPY SENT TO INITIATOR	

After reviewing, please send or email original to Quality Improvement Program Manager, Mail Stop 45310 or FAX to 360-902-8482 or email to mcdowca@dshs.wa.gov.  
After reviewing, please copy and send form back to originator.